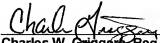


NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket No. (Optional): 190250-1790							
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on _____ Signature – _____		In re Application of Diane C. Thornton, et al. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Application Number 10/729,496</td> <td style="width: 40%; padding: 2px;">Filed December 5, 2003</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For Fiber Splice Assignment and Management System</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit 2162</td> <td style="padding: 2px;">Examiner Colan, Giovanna B.</td> </tr> </table>		Application Number 10/729,496	Filed December 5, 2003	For Fiber Splice Assignment and Management System		Group Art Unit 2162	Examiner Colan, Giovanna B.
Application Number 10/729,496	Filed December 5, 2003								
For Fiber Splice Assignment and Management System									
Group Art Unit 2162	Examiner Colan, Giovanna B.								
Applicant hereby appeals to the Board of Patent Appeals and interferences from the last decision of the examiner.									
The fee for this Notice of Appeal is (37 CFR 1.17(b))		\$ 500.00							
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:									
<input type="checkbox"/> A check in the amount of the fee is enclosed.									
<input checked="" type="checkbox"/> Payment by credit card.									
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.									
<input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. . I have enclosed a duplicate copy of this sheet.									
<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.									
Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
I am the									
<input type="checkbox"/> applicant/inventor.									
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b)									
<input checked="" type="checkbox"/> Is enclosed. (Form PTO/SB/96)									
<input checked="" type="checkbox"/> attorney or agent of record.									
<input type="checkbox"/> Attorney or agent acting under 37 CFR 1.34(a). Registration No. if acting under 37 CFR 1.34(a)									
		 Charles W. Griggers, Reg. No. 47,283							
		4-2-07 Date							
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
<input checked="" type="checkbox"/> *Total of 1 forms are submitted.									